

Citizen Police Academy Application for Enrollment

Name _____
Address _____ ZIP _____
Phone (____) _____ - _____ Driver's License # _____
Date of Birth ____/____/____ Race _____
Employer/School Name _____
Business Phone (____) _____ - _____
How were you referred to the CPA ? _____
List any medications and/or allergies we may need to know about.

Emergency contact Name _____ Phone _____

Have you ever been convicted of a **felony** or are you currently on Parole or Probation? (A background check will be conducted on each applicant. Any intentional misrepresentation will be grounds for immediate dismissal.)
_____ If yes, please explain. _____

I _____ hereby acknowledge that I have completed the above information fully and accurately. I understand and give my permission, with respect to the San Antonio Police Department, to conduct a background investigation to determine my suitability for admission to this program.

Signature _____ Date _____

Complete and return to: **CPA Coordinator**
SAPD Training Academy
12200 S.E. Loop 410
San Antonio, TX. 78221

For more information please call the CPA Coordinator at (210) 207-6242

Fax (210) 207-6202

SAPD FORM 37-CPA (rev. MAY 98)